

SECTION A — IDENTIFICATION										FORM CD-370 (Rev. 9-03)		U.S. DEPARTMENT OF COMMERCE					
SOCIAL SECURITY NUMBER			NAME (Last) (First) (Middle Initial)							TRAVEL VOUCHER							
BUREAU CODE	CD-29 TRAVEL ORDER		DATES FOR TRAVEL		EXPENSES		TYPE CODE	(Indicate One Type Only) 1 — DOMESTIC TRAVEL — 48 2 — FOREIGN TRAVEL 3 — TRANSFER HOUSEHUNT 4 — TRANSFER OTHER 6 — DOMESTIC TRVL — OTHER	RECLAIM AMOUNT INCLUDED				MAILING ADDRESS OF CHECK				
			FROM	THRU	MO	DAY							YEAR	MO	DAY	YEAR	SALARY CHECK ADDRESS <input type="checkbox"/>
PURPOSE CODE											SPECIAL ADDRESS (Non-Government Traveler or New Hire)						
ORGANIZATION				OFFICIAL DUTY STATION (City and State)				RESIDENT CITY AND STATE (If other than Official Duty Station)									
SECTION B — TICKET COSTS BILLED DIRECTLY TO GOVERNMENT (Air, Rail, Bus, Ship)																	
AMOUNT		VENDOR		NUMBER OF TRAVELERS		CLASS		FROM		EXPLANATION OF TRAVEL TO		SECTION D — CLAIMS		FINANCE USE			
1. \$												1. PER DIEM					
2. \$												NO. DAYS []		\$			
3. \$												2. MILEAGE					
4. \$												TOTAL MILES []					
\$		← TOTAL — SECTION B		IMPORTANT: Return unused tickets to your travel services provider.								3. OTHER TRAVEL					
SECTION C — ACCOUNTING CLASSIFICATION CODE (Reimbursable Expenses) (Distribute Total Claim Amount from Section D to the Applicable Accounting Classification Code(s) as Indicated on the Travel Order)												4. CAR RENTAL (Paid by Traveler)					
FCFY (xxxx)		PROJECT-TASK (xxxxxxxx-xxx)		ORGANIZATION (xx-xx-xxxx-xx-xx-xx-xx)		OBJECT CLASS (xx-xx-xx-xx)		CLAIM AMOUNT		5. COMMON CARRIER TRANSPORTATION							
1.								\$		6. ACTUAL SUBSISTENCE		[]					
2.										NO. DAYS							
3.										7. MISCELLANEOUS EXPENSES							
4.										8. REAL ESTATE EXPENSE (Form CD-371)							
5.										9. TEMPORARY QUARTERS (Form CD-372)							
6.										10. RELOCATION INCOME TAX ALLOWANCE []							
7.										11. TOTAL CLAIM (Lines 1 thru 10)		\$					
TOTAL CLAIM AMOUNT (This Amount Must Agree with Block 11) →										\$		12. TRAVEL ADVANCE AMOUNT OUTSTANDING					
SECTION E — CERTIFICATIONS												13. AMOUNT OF VOUCHER (Line 11) TO BE APPLIED TO OUTSTANDING ADVANCE (Line 12)					
FRAUDULENT CLAIM — Falsification of an item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; id. 1001).												14. ADDITIONAL ADVANCE AMOUNT REPAYED (Check or money order attached)					
CLAIMANT'S RESPONSIBILITIES AND SIGNATURE												15. REMAINING ADVANCE BALANCE (Line 12 minus Line 13 minus Line 14)					
I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (41 CFR 101-41.203-2). I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me.								CLAIMANT'S SIGNATURE		16. NET TO TRAVELER (Line 11 minus Line 13)		\$					
								DATE		PHONE (Area Code and Number)		AUDITED BY (Examiner's Initials)		TOTAL DIFFERENCE			
PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 U.S.C. Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR, Chapters 300-304). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigation of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.																	
APPROVING OFFICERS' RESPONSIBILITIES AND SIGNATURE																	
In approving this voucher, I have determined that: (1) Reimbursement is claimed for official travel only. (2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage. (3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. <input type="checkbox"/> CD-29 ATTACHED <input type="checkbox"/> CD-29 SUBMITTED WITH PREVIOUS VOUCHER								APPROVING OFFICER'S SIGNATURE									
								NAME AND TITLE (Type or Print)									
								DATE		PHONE (Area Code and Number)							

TRAVELER'S NAME				FORM CD-370 (Rev. 9-03)														U.S. DEPARTMENT OF COMMERCE			
DATES →				MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	TOTALS	
ITINERARY	FROM	CITY AND STATE	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM CD-370A)		
		TIME (a.m. or p.m.)	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----				
		CARRIER	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----				
		FLIGHT NUMBER	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----					
	TO	CITY AND STATE	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----			
		TIME (a.m. or p.m.)	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----			
1. PER DIEM	M&IE		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	1. TOTAL NO. DAYS		
	LODGING AMOUNT		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	TOTAL PER DIEM CLAIM		
	TOTAL		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	\$		
2. POV	MILEAGE		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	2. TOTAL NO. MILES		
	CENTS PER MILE		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	TOTAL MILEAGE AMOUNT		
	AMOUNT		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	\$		
3. OTHER TRAVEL	PARKING, TOLLS, ETC.		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	3. TOTAL OTHER TRAVEL		
	STORAGE OF HOUSEHOLD GOODS		TOTAL WEIGHT OF GOODS		-----		ACTUAL CHARGES		-----		COMMUTED RATE		-----		CLAIM LESSER AMOUNT				\$		
4. CAR RENTAL	(Receipt and Car Rental Agreement Required)		-----																	4. TOTAL CAR RENTAL	
5. COMMON CARRIER	PLANE, BUS, TRAIN (Paid by Traveler)	AMOUNT (Receipt Required)	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----			
		NO. OF TRIPS	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----				
	TAXI, LIMO, LOCAL BUS, SUBWAY	DAILY EXPENSE	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	5. TOTAL COMMON CARRIER		
		TRANSPORTATION OF HOUSEHOLD GOODS — PAID BY TRAVELER (Weight Cert. or Bill of Lading Required)		TOTAL WEIGHT OF GOODS SHIPPED		-----		COMMUTED RATE		-----		TOTAL		-----		ADDITIONAL ALLOWANCES		TOTAL TRANSPORTATION OF HOUSEHOLD GOODS		\$	
6. ACTUAL SUBSISTENCE	BREAKFAST (Include Tips)		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----			
	LUNCH (Include Tips)		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----				
	DINNER (Include Tips)		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----					
	LODGING (Receipt Required)		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----					
	TIPS (Porter, etc.)		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	6. TOTAL NO. DAYS			
	OTHER (Laundry, etc.)		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	TOTAL ACTUAL SUBSISTENCE			
	TOTAL (Cannot exceed amount authorized. See DOC Travel Handbook.)		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	\$		
7. MISCELLANEOUS EXPENSES	(Supplies, Telephone, Lodging Taxes, Laundry, etc.)		-----																	7. TOTAL MISC.	
REMARKS/ EXPLANATION/CERTIFICATION STATEMENTS																					